

247318

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Amend the Scope of Authority on a Class
C Taxi Certificate

Alifoncio Solis Santiago DBA Taxi Express

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013 - 157 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Alifoncio Santiago

Telephone: 864-554-2439

Address: 213-B S Jennings St

Fax: _____

Saluda, SC 29138

Other: 834-993-1568

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

RECEIVED
OCT 18 2013
PSC SC
CLERK'S OFFICE

- ☐ Request for Name Change on Certificate
- ☒ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE: OCTOBER 16, 2013

I have the following Certificate:

☒ Class C Taxi # 8722 ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: Not applicable DBA:
(Current Name) (Current DBA if applicable)

TO: Not applicable DBA:
(New Name) (New DBA if applicable)

☒ **Scope of Authority**
From: Aiken, Edgefield, Greenwood, Lexington, Newberry To: STATEWIDE
(Current Scope) and Saluda Counties (New Scope)

☐ **Passenger Limit**
 From: Not applicable To: _____
 (Current Limit Number) (New Limit Number)

Alifoncio Solis Santiago DBA Taxi Express

Name & DBA if DBA is applicable)

SALUDA, SC. 29138

(City, State, Zip Code)

864-554-2439

(Telephone Number)

213-B S JENNINGS ST

(Street and/or Mailing Address)

Alfoncio Santiago

(Signature)

OWNER

(Title) Owner, President, etc.